

Wake County Department of Emergency Medical Services

CONFIDENTIALITY AGREEMENT

I understand that the **Wake County EMS system**, as an organization (including the the Wake County EMS Division and the contract EMS agencies) and through its employees, trainees, observers, and others who have occasion to observe or to participate in the organization's activities, has a legal and ethical responsibility to maintain the privacy, to protect the confidentiality, and to safeguard the personal health information of its patients.

In addition, I understand that during the course of my employment/affiliation/observation with the **Wake County EMS system**, I may see or hear confidential information such as operational or individual information that **The Wake County EMS system** is obligated to maintain as confidential.

As a condition of my employment/affiliation/observation with the **Wake County EMS system**, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

I will disclose patient care information and/or confidential information only if such disclosure complies with the **Wake County EMS system's** policies, and is required for the performance of my employment/affiliation/observation.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to confidential information or the **Wake County EMS system** in an area where unauthorized individuals may hear such information (for example, in hallways, in the station, or public). I understand that it is not acceptable to discuss any patient care information in public areas even if specifics such as a name are not used.

I will not inquire about or facilitate the relay of any confidential information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of patient information or confidential information. Such unauthorized transmissions include, but are not limited to; removing and/or transferring confidential information from the **Wake County EMS system's** computer system(s) to unauthorized locations (for instance, home, unless specifically authorized).

My personal access code(s), user ID (s), access keys and passwords used to access computer systems or other equipment shall be kept confidential at all times.

Upon termination of my employment/affiliation/observation with the **Wake County EMS system**, I will immediately return all property (keys, documents, ID badges) to **The Wake County EMS system**.

I agree that my obligations under this agreement regarding confidential information will continue after the termination of my employment/affiliation/observation with the **Wake County EMS system**.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/affiliation/observation with the **Wake County EMS system** and/or suspension, restriction or loss of privileges, in accordance with the **Wake County EMS system** policies, as well as potential personal civil and criminal legal penalties.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment or affiliation, or privilege of observation.

Signature of employee/affiliated person/observer

Date

Signature of witness

Print Name

Print Name